

Pre-registration
Emory University
RTC Course

Registration for any course should be approved by your LHD Training Coordinator

Please Print

Name _____

Discipline (please circle)

Administrator/MD NP RN LPN Counselor/SW Aide/Outreach

Health Ed. Clerical Other _____

Professional License # _____ S.S. # _____

Employing Agency

Local Health Dept.

County of Work _____

Wk. Phone # _____

I will be attending the following RTC Course:

Date: _____

Course Title: _____

Location: _____

LHD Coordinator Name: _____

Deadline for Registration is Ten work days prior to course date.

E-Mail: William.Bishop@mail.state.ky.us

Mail to: Bill Bishop
Department for Public Health
275 E. Main Street HS 1 W-C
Frankfort, KY 40621

Or FAX: Bill Bishop
(502) 564-2556